



First Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State & Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone Number: (     )     -

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender:     Male     Female

Have you ever shot archery before?     Yes     No

Do you participate in the National Archery in the Schools Program (NASP)?     Yes     No

Have you been hunting before?     Yes     No

How did you hear about this promotion? (Circle all that apply)

Newspaper

Iowa DNR Website

Word of Mouth

If under 18 years of age, parent or guardian signature required.

Parent's Name: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_

Please mail this completed form with  
your letter to the address below:

**Iowa Department of Natural  
Resources Attn: Bow Promotion  
502 East 9th Street  
Des Moines, IA 50319**